

**NOTIFICATION OF EMPLOYMENT/TERMINATION/VERIFICATION OF  
MAGISTRATE, JUVENILE MAGISTRATE, SMALL CLAIMS REFEREE,  
COMMISSIONER, OR OTHER REFEREE**

*To be submitted pursuant to the Division of State Court Administration Indiana  
Administrative Rule 5(C) upon the hiring and termination of a judicial officer.*

I, \_\_\_\_\_, Judge of the \_\_\_\_\_ Court, hereby affirm that I hereby  
(check applicable): ☐ appoint ☐ report termination ☐ verify ongoing employment of:

Name:
Home Address:
Home Telephone:
Business Address:
Business Telephone:
E-mail:
Social Security Number:

To/from the position of (Check one of the following):

- |   |  |
|---|--|
| <input type="checkbox"/> Magistrate                 | <input type="checkbox"/> Other Referee – not paid by state funds |
| <input type="checkbox"/> Juvenile Magistrate        | <input type="checkbox"/> Commissioner – not paid by state funds  |
| <input type="checkbox"/> Small Claims Court Referee |  |

The position is: ☐ full-time ☐ part-time

The above-noted individual was (check one of the following):

- ☐ appointed to begin service  
☐ terminated from employment

effective \_\_\_\_\_ (date). I affirm that such person is entitled to compensation as  
provided by law, based on the information provided above.

If this is a Notice of Appointment, I acknowledge that I will notify the Division of State Court  
Administration upon the employee's termination or other change of status.

\_\_\_\_\_  
Judge's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name

Please complete and return this original, signed form, at least two weeks before commencement  
or termination of employment to:

**Division of State Court Administration  
Attention: Payroll Section  
115 West Washington Street, Suite 1080  
Indianapolis, IN 46204-3466**

**FAXED forms are not acceptable**